DOCUMENT RESUME

ED 420 376 PS 026 513

AUTHOR	O'Donnell, Nina Sazer; Galinsky, Ellen
TITLE	Measuring Progress and Results in Early Childhood System Development.
INSTITUTION	Families and Work Inst., New York, NY.
ISBN	ISBN-1-888324-12-0
PUB DATE	1998-00-00
NOTE	36p.
AVAILABLE FROM	Families and Work Institute, 330 Seventh Avenue, New York, NY 10001; phone: 212-465-2044; fax: 212-465-8637; World Wide Web: www.familiesandwork.org
PUB TYPE	Guides - Non-Classroom (055) -- Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Benchmarking; *Early Childhood Education; *Educational Assessment; *Educational Development; Educational Objectives; Educational Policy; *Outcomes of Education; School Community Relationship; *State Programs; Student Evaluation; Young Children
IDENTIFIERS	Georgia

ABSTRACT

In 1994, the state of Georgia adopted a model of education reform that defined new education goals and formalized a structure that involved state policymakers and local communities. The system operates on the premise that regular assessments of progress should drive innovations or strategies for achieving results. This guide presents an introduction to using benchmarks and indicators to measure educational progress and results in young children, based on the knowledge and experience of national experts and states and communities that are currently developing and using them. The sections of the guide address: (1) definitions of the benchmarks, indicators, and other results-based evaluation concepts and terms; (2) why states and communities are interested in measuring progress and results; (3) the importance of measuring progress and results; (4) principles for assessing progress and results; (5) advice on developing and using benchmarks and indicators; and (6) additional resources for more information about measuring progress and results. (JPB)

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by
Nina Sazer O'Donnell
and Ellen Galinsky

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Our thanks to these companies for providing annual donations for general operating support of the Institute.

Acknowledgements

Measuring Progress and Results in Early Childhood System Development is part of a series of community mobilization tools and materials published by the Families and Work Institute to support the *I Am Your Child*/Early Childhood Public Engagement Campaign. The Campaign was funded by the following organizations:

AT&T Foundation
Carnegie Corporation of New York
The Commonwealth Fund
The Charles A. Dana Foundation, Inc.
Freddie Mac Foundation
The Harris Foundation
The Teresa & H. John Heinz III Foundation
IBM Corporation
Johnson & Johnson
Kaiser Permanente
W.K. Kellogg Foundation
The Robert Wood Johnson Foundation
John D. & Catherine T. MacArthur Foundation
A. L. Mailman Family Foundation, Inc.
Robert R. McCormick Tribune Foundation
The Travelers Foundation

Measuring Progress and Results in Early Childhood System Development was produced with generous support from the A.L. Mailman Family Foundation. It is intended to serve as a companion to a new brochure, *Indicators of Family and Child Well Being*, published by the National Governor's Association in February 1998. This brochure contains model indicators for states and communities to use as they create and improve early childhood programs and services. The Families and Work Institute also thanks the following individuals for their contributions:

Evelyn Ganzglass, National Governors' Association

Helene Stebbins, National Governors' Association

Janet Bittner, Georgia Policy Council for Children

Pam Curtis, Oregon Office of the Governor

Linda McCart, Ohio Family and Children First

Cheryl Mitchell, Vermont Agency of Human Services

Karen Ponder, North Carolina Partnership for Children

Jacqueline Romer-Sensky, Ohio Governor's Office

Jason Sachs, Associated Day Care Services, Boston

Thanks also to Nik Elevitch for booklet design, and John Boose for research assistance.

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I.

Introduction

In 1994, Georgia adopted *On Behalf of Our Children: A Framework for Improving Results* as a model for reform. Created through year-long deliberations with state and community leaders, On Behalf of Our Children challenges communities to develop preventive services, new approaches to systems change, creative financing, collaborative planning and local decision-making. In 1995, Georgia's legislature established a 19-member Policy Council for Children and Families to initiate planning and action to address the needs of Georgia's children, using this framework.

The Policy Council conducted a participatory statewide process to define five specific goals: 1) Healthy Children; 2) Children Ready for School; 3) Children Succeeding in School; 4) Strong Families; and 5) Self-Sufficient Families. The Policy Council also established 26 ways to measure progress and results (see page 25, Georgia's Benchmarks for Children and Families), along with incentives and technical supports for communities to develop strategies or program innovations that target the most prevalent problems.

To carry out this plan, the state formalized an inclusive structure (State Policy Council and local Community Partnerships) that is recognized by both the public and private sectors as the change agent for children and families. Community Partnerships have access to a wide variety of data, collected at both the state and local levels which are published annually by the Policy Council and are available on a web site. New data are continuously added to help communities in their strategic planning. The system operates on the premise that regular assessments of progress should drive innovations or strategies for achieving results.

Local community partnerships are responsible for developing innovative strategies to address state goals. The Policy Council has directed local partnerships to focus on prevention, build on family strengths and resources, facilitate local decision making by consumers and organizations about which strategies work best; and weave support for families and children into an integrated, comprehensive system of health, education, social and employment services.

The Policy Council streamlines government to support families. For example, it is developing training and support for new forms of supervision, "front-line" behavior and for developing and using new approaches, such as common intake and eligibility forms as well as computer systems that communicate across public and private agencies.

The Policy Council also develops strategies for using current and new resources and establishes short-and long-term financing strategies that rely on a new system of accountability for results and shared budgeting. State and community partners will develop specific agreements about how dollars will be invested to support agreed-upon results and innovative community strategies. Financing for these changes will be created by: redirecting existing resources, refinancing, reinvesting and exploring potential new resources. Georgia is truly working to reinvent government and communities, using goals, benchmarks and indicators to guide its work.

• • •

Georgia's efforts represent a growing trend. Throughout the country, states and communities are measuring progress and results as an essential element of efforts to build and improve systems of community-based programs and services for families with young children. Measuring progress and results helps states and community leaders to:

- identify and evaluate successes and point to needed next steps;
- inform policy making;
- improve and/or maintain the quality of programs and services over time;
- define institutional and individual roles and responsibilities;
- create effective fiscal accountability, with funding tied to progress and results; and
- mobilize and maintain public support for early childhood system development.

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The Purpose of This Guide

This guide presents a brief introduction to using benchmarks and indicators to measure progress and results, based on the knowledge and experience of national experts and states and communities that are currently developing and using them.

It is intended to serve as a companion to a new brochure, *Indicators of Family and Child Well Being*, published by the National Governor's Association (NGA) in February 1998. This brochure contains model indicators for states and communities to use as they create and improve early childhood programs and services.

This guide addresses:

- definitions of benchmarks, indicators and other results-based evaluation concepts and terms;
- why states and communities are interested in measuring progress and results;
- the importance of measuring progress and results;
- principles for assessing progress and results;
- advice on developing and using benchmarks and indicators; and
- additional resources for more information about measuring progress and results.

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What Are Benchmarks and Indicators?

Benchmarks and indicators are tools. They are not ends unto themselves. Rather, they serve as an essential element of a community mobilization, or strategic planning process that engages diverse stakeholders in developing and improving systems of programs and services, with a focus on continuous quality improvement.

Benchmarks and indicators are like road signs along an interstate highway. They tell you how far you've come and help you see if you're on the road that will lead to your intended destination.

Yet just as road signs cannot tell you that you are halfway to your destination or that you have taken a wrong turn if you do not know where you entered the highway or where you are going, benchmarks and indicators are not useful in isolation. Rather, they are an integral part of a process that:

- establishes a vision and goals that define desired outcomes or results;
- creates and implements action strategies to achieve the intended outcomes, including tying funding to results; and
- regularly measures progress toward results and revises strategies when necessary to achieve intended results.

Definitions

Unfortunately, there is currently some confusion and inconsistency in how states, communities and organizations define benchmarks, indicators and other results-based evaluation concepts. The terms that follow are intended to clarify both the concepts and the language used to assess results.

Vision: How you hope to shape the future; what your world will look like when you are successful.

Goals and Objectives: What you want to accomplish, or the specific ends toward which the mobilization or change efforts are directed. Goals are typically broader in scope than objectives, which tend to be more operationally defined.

Strategies or Action Steps: The specific activities you undertake to achieve your vision, goals and objectives.

Results: The outcome—what happens. In some circles outcomes has become a controversial word. However, based on long-established usage in research, we use the word "results" and "outcomes" interchangeably.

Impact: What happens as a result of specific efforts. Impact can be assessed only through experimental (or quasi-experimental) research.

Indicator: A measure of position along an ordered continuum, which represents the amount, level, intensity, or prevalence of a result in relation to the stated goal or objective, such as increasing child immunization rates or decreasing child abuse incidents.

Benchmark: A fixed point, a certain target or a specific level of an indicator (i.e., position on an ordered continuum) that provides a reference point for comparison (e.g. "baseline" measure) or that marks the results you want to achieve, such as: "There is a regulated child care space for one of every four children under age thirteen" or "Twenty-five percent of centers are accredited by the National Association for the Education of Young Children by the year 2000, or "95 percent of young children are fully immunized by the year 2010."

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Why States and Communities Are Interested in Assessing Progress and Results

Since the mid-1990s, there have been many changes in how programs and services for young children and their families are coordinated, funded and delivered.

- Changes in federal welfare, child care, health and other funding programs have "devolved" planning and decision-making about health and human service delivery to states. Many states have likewise "devolved" planning and decision-making to communities, offering funding or other incentives for broad stakeholder groups to take on these responsibilities.
- Government at all levels has faced increasing mistrust from the public. Many feel that government simply cannot deliver cost-effective, quality services and are dissatisfied with "business as usual." Taxpayers want their dollars spent efficiently for programs and services that they know are accomplishing their goals, creating a new focus on accountability among states, communities and service providers.
- States, communities, elected officials and employers are finding new information about early childhood brain development compelling. Many are initiating efforts to develop a range of early childhood programs and services (e.g. health care, parenting education, child abuse prevention and/or early care and education) that enable families with young children to raise healthy young children who enter school ready to learn. This work usually involves figuring out how to knit new and existing programs into an effective "system" that provides and coordinates reliable, quality services.
- Many recognize that investments in early childhood resources can help reduce uncontrollable, "deep end" expenses over time, such as the cost of incarcerating or providing long term mental health services to youth and adults. The challenge is that such investments require new revenue, while projected cost savings from these investments will take many years to accrue.

Few states are willing to face these challenges without a plan for achieving and documenting results. Chairman, Governor George Voinavich of Ohio echoed the sentiments of many governors at the fall 1997 NGA meeting when he said, "If you're going to ask me or any governor to spend money, even for a great cause, you better have a good plan for how you're going to account for your results."

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The Importance of Measuring Progress and Results

Measuring progress toward a shared vision and goals can contribute to the success of community mobilization and system change efforts in many ways. This process can be used to:

- **Evaluate progress and point to needed next steps.** Creating visions, goals, progress indicators and benchmarks can promote strategic thinking, helping states and communities focus on the most important goals and action strategies. This process can identify successes, along with strategies that aren't working, and can inform the development of more effective strategies. For example, Georgia's 26 indicators* are intended to spark local program innovations. It is envisioned that these local strategies will change as progress (or lack there of) is measured.
- **Inform policymaking.** Regularly measuring progress toward goals gives policymakers information that enables them to target investments more precisely to achieve desired results. This process also provides information for future planning.
- **Improve and/or maintain the quality of programs or services.** By measuring program quality and assessing the effectiveness of quality improvement strategies over time, community or state mobilization leaders can help focus system improvement efforts on strategies that actually are expected to achieve the intended results for families, children and communities. In Oregon, for example, parents were surveyed to develop child care quality benchmarks that will be measured by all Oregonians in a population survey conducted every two years by the Oregon Progress Board. In addition, knowing that progress and results will be regularly measured and reported can motivate all involved to strive for excellence.
- **Create effective fiscal accountability, with funding tied to progress and results.** This accountability can be multi-layered and can help state and local policymakers justify expenditures that lead toward desired results. Changes in indicators have cost implications and can inform decision-making. As Cornelius D. Hogan, Secretary of Vermont's Agency of Human Services notes, "improved indicators, such as declining child abuse rates, can translate into reduced demand for services and opportunities to reinvest in prevention efforts."

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* Authors' note: Although Georgia uses the word benchmarks to describe their system development targets, they are really indicators according to the definitions used in this paper.

- **Define roles and responsibilities.** In order for benchmarks and indicators to serve as effective tools, system improvement roles and responsibilities must be clear. Measuring progress and results can serve as an invaluable impetus for clarifying what each participant and each sector (e.g. government, business, families, service providers, media, philanthropy, civic organizations, law enforcement, faith communities, etc.) will do at the state, county and/or local level to improve early childhood programs and services. This clarity, in turn, makes it easier for all participants to fulfill their appropriate roles. Benchmarks and indicators can also help clarify public and funder expectations about the desired result of mobilizing for children.
- **Mobilize and maintain community support from public, private and non-profit organizations and individual citizens for action on behalf of children and families.** Progress and results can serve as rallying points, building "buy-in" to the system improvement process and justifying further investments of time and resources. When participants and investors clearly understand and see the results of their efforts, they are far more likely to continue those efforts. Well-defined benchmarks and indicators can help attract allies with shared goals and can serve as a focal point for community members working together to improve community life. Documenting progress and results can also assure the public and funders that investments are leading to expected results and can help maintain a high level of energy and momentum in early childhood system development efforts, even when public and/or private sector leadership changes.

Cautions About Results-Based Accountability

Lisbeth Schorr and her colleagues from the Harvard Project on Effective Services note that results-based accountability also has some downsides.

Those who are cautious about results-based accountability are concerned that:

- Benchmarks and/or progress indicators could drive programs and policies to emphasize only activities that can produce quick and measurable results, when, in fact, some results may not show up for years.
- Effective programs or systems may not seem to be accomplishing anything because their benefits are difficult to measure.
- A results-based approach could lead to the elimination of protective regulations. If policy makers see progress toward goals, they may eliminate regulations or rules that are necessary to protect public health or safety of vulnerable populations.
- When budgeting decisions are made on the basis of results, good programs that cannot yet provide evidence of their contributions may be shut down.[1]

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Principles for Measuring Progress and Results

States and communities often find it helpful to use a set of principles to guide the process of measuring progress and results. One such set of principles was developed in January 1994 by 50 national organizations concerned with the well being of children and families. These organizations came to a consensus on service integration issues and agreed that principles of program evaluation should:

- be part of an ongoing process;
- be tailored to each community and shaped by community members; and
- provide communities the information they need to meet their objectives.[2]

The 50 national organizations also determined that the following conditions should exist for the effective assessment of outcomes:

- Funding from all levels and sources, private as well as public, should balance accountability with the need to encourage service innovation.
- Federal and state agencies should establish uniform reporting requirements and standardize their data definitions.
- To support change, investments should be made in multiple strategies for need assessment and program evaluation.
- Communities should receive technical and financial support in assessing needs and measuring progress.[3]

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How to Measure Progress and Results

Benchmarks and indicators are only effective as part of a broader blueprint for change that includes a vision and goals, along with support (both technical and financial) for understanding and using these kinds of measurements. This section briefly describes key steps and considerations for developing benchmarks and indicators in this context.

Step 1. Create a vision

Benchmarks and indicators work best when they are tied to a shared vision of the future. Developing a vision is a creative, team-building process that establishes a positive, proactive picture—or statement—of what participants want their state or community to look like in the future and what will be accomplished when they succeed. Some visions are brief, some are comprehensive and some include guiding principles for implementing the vision. The best visions tend to emerge from a process in which participants (including families) describe how their community assists families with young children five or ten years into the future and what changes will make them feel that they have invested their time and energy in a worthwhile cause.

Step 2. Set goals and develop strategies

The second step is to create specific goals and strategies for turning the vision into reality, including clearly defined areas of responsibility (also see Step 3 below). Goals can be prioritized into those that are core, and urgent as well as those that are short-and long-term.

A state or community will work more effectively toward meeting goals if everyone involved is truly engaged in a consensus-building process to agree upon goals and results. Arthur Emlen, Professor Emeritus, Portland State University, says that "the process of agreeing upon how progress and results will be measured can crystallize priorities for communities and create a collective focus for their efforts."

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There are many consensus building models and methods and many organizations that assist state and community groups with setting goals and building consensus. Regardless of which approach is used, it is essential that system development leaders build and sustain consensus.

Step 3. Decide who is responsible

It is important to be clear about who is in charge of setting and assessing benchmarks and indicators. This authority can be voluntary or appointed, it can be delegated to an individual or shared by a group. What is most important is that whoever is in charge possess the capacity to manage the process, and that all involved accept this authority. Typically, authority for defining and using indicators and benchmarks involves shared responsibility among public and private sector partners. Such collaboration works best when all lines of authority and responsibilities are clear.

In addition, this group needs to communicate with and be responsible to the leaders and citizens of the state or community. Because system change efforts are collaborative by nature, they usually require the participation and good will of many individuals and organizations in both the public and private sectors. Think strategically about how to build capacity as responsibilities are assigned. Consider who will need to be responsible for various parts of the system development process over time and make sure that all of these stakeholders are involved in measuring progress and results.

Step 4. Decide how progress and results will be measured at both the state and local levels

Experienced community mobilization leaders confirm that system change requires both top-down and bottom-up work toward shared goals and that state and local work must be coordinated to achieve results. For example, although Boston's Early Childhood Quality Improvement Project (EQUIP) benchmarks and data have proven useful to many of the initiative's partners, including several state agencies, leaders report that it is still difficult to affect the community's early childhood system without complimentary efforts at the state level. Because so many of the policies and resources that address early childhood system quality are determined at the state level, this community has learned that measuring results to improve child care quality cannot work as effectively solely as a "bottom-up" strategy.

States and communities should work toward shared processes for measuring progress and results, using different strategies and playing different roles. These shared processes help with data collection and information sharing, general accountability and they assure that everyone is working toward shared ends. And, as Georgia Policy Council leaders point out, common, shared outcomes across communities and state departments are necessary to create cross-cutting departmental, agency and/or community budget plans.

Step 5. Decide how data will be collected and shared at both the state and local levels

Collecting and sharing data are essential for measuring progress and results. It is also important to link progress and results to fiscal information that states and communities have or are required to collect, whenever possible. Some data are already collected at the state level, such as immunization rates and other health statistics or free school lunch status. Other data are more effectively collected at the local level, such as parents' child care preferences. The most effective system development efforts combine state and local data collection. The state typically compiles the data and makes it accessible to all: other state agencies and organizations, communities and the public.

A common concern of many states and communities is that they do not have historical data on which to base future measures of progress and results. This can cause community mobilization leaders to question whether they should establish innovative goals and strategies, even though these new approaches may be effective. Although historical, or baseline data are essential when they exist, states and communities should not shy away from setting goals for which there are no past data. Rather, they should design ways to begin and continue to assess progress toward reaching their new goals, at both the state and local levels.

Step 6. Decide which indicators and benchmarks to use

Deciding which indicators and benchmarks to use should be guided by the initiative's vision and goals, or intended results. Developing indicators and benchmarks takes time and it is important to avoid shortcutting this process.

Even though model indicators and benchmarks are available, experienced community mobilization leaders caution that the process of a group deciding which measures it will use to assess progress toward goals is a critical step for achieving "buy in" or widespread support

for the initiative's goals. Because model benchmarks and indicators now exist, however, states and communities can use them as a starting point.

Sharon Lynn Kagan of the Bush Center in Child Development and Social Policy at Yale University suggests that early childhood system measurements can be grouped into four categories. They are 1) what children know and can do; 2) child and family conditions; 3) the supply, adequacy (and quality) of services; and 4) systems capacity.[4] This framework can help guide state and community decisions about which indicators and benchmarks to select.

Category 1: What Children Know and Can Do

Assessments of what children know and can do can be used to: screen and evaluate; guide program improvement; and to evaluate program quality and effectiveness. Information on what children know and can do is gathered by observing children directly or reporting on direct observations by teachers and parents. Much of the current interest in assessing young children comes from the first national education goal: "By the year 2000, all children in America will start school ready to learn."[5]

In 1993, the National Education Goals Panel identified five dimensions as essential to measuring what children know and can do:

- physical well-being and motor development;
- social and emotional development;
- approaches toward learning;
- language usage; and
- cognition and general knowledge.

In 1997, the Goals Panel reported that these indicators are difficult to measure on a national basis because no direct, broad-based measures of or data on these qualities exist. States and communities have likewise found it challenging to collect these data. The Goals Panel now reports on ten indicators of health, family activities and preschool experiences, to measure progress toward three Goal I objectives, described in the following pages.[6]

Ohio measures what children know and can do when they enter kindergarten by assessing each child for:

- age-level pre-school physical and social development;
- hearing and speech problems at kindergarten entry; and
- age-level cognitive development at kindergarten entry.

While many individuals involved in community mobilization efforts are enthusiastic about assessing what children know and can do, others involved are concerned about making this kind of evaluation. To further the debate, in June 1995 a forum of 37 scholars and practitioners in early education and care was convened by the W.W. Kellogg Foundation, the Carnegie Corporation of New York, and Quality 2000.[7] Scholars and practitioners who believed that the risks of testing outweigh the benefits gave the following reasons for their thinking: tests might mislabel and stigmatize children, outcomes are narrowly defined, children's inexperience in testing may misconstrue their competency, tests may not provide ethnically and linguistically diverse children a chance to show what they know, and good testing instruments do not exist. The group did agree, however, that moving to an outcome- or results-based approach is feasible only if the following five conditions are met:

- there is broad participation in and agreement on outcome identification;
- it is possible to identify appropriate outcomes;
- there is clarity about which group or groups of children outcomes should target;
- outcomes are measured properly; and
- child-based outcomes are linked to efforts to improve the lives of children.[8]

Finally, if states and communities choose to measure what children know and can do, it is important that they secure the resources needed to gather this kind of data over time.

Category 2: Child and Family Conditions

The second category includes the conditions surrounding what children know and can do. Information in this category is typically gathered on children's health, family income, and family life conditions.

Since 1992, the Vermont Agency of Human Services (AHS) has promoted the use of social indicator data for planning and evaluation. AHS uses a number of indicators to evaluate child and family conditions, including:

- infant/child mortality rates;
- percent of children in poverty;
- rate of child abuse and neglect;
- rate of job creation; and
- percent of families living in affordable housing.

The National Education Goals Panel uses health and family-child activity objectives and indicators to assess progress and results in this category, such as:

Health Objective:

- Children will receive the nutrition, physical activity experiences, and health care needed to arrive at school with healthy minds and bodies, and to maintain the mental alertness necessary to be prepared to learn, and the number of low-birthweight babies will be significantly reduced through enhanced prenatal health systems.

Health Indicators:

- prenatal care;
- birthweight;
- Children's Health Index; and
- immunizations.

Family-Child Activity Objectives:

- Every parent in the United States will be a child's first teacher and devote time each day to helping such parent's preschool child learn, and parents will have access to the training and support parents need.

Family-Child Activity Indicators:

- family-child reading;
- other family-child language and literacy activities (storytelling and going to library); and
- support for families of preschoolers.

Ohio assesses child and family indicators such as:

- parents making and meeting personal goals related to school readiness;
- parents meeting their children's basic food, shelter and health needs;
- safe homes that support learning;
- early and regular prenatal care;
- regular well-child health visits;
- children fully immunized;
- regular dental care visits;
- early childhood educational experiences for positive parent-child interaction; and
- parents using informal networks to support child rearing.

Category 3: The Supply, Adequacy and Quality of Services

The third category consists of the supply, adequacy, and quality of services.

The Boston Early Childhood Quality Improvement Project (EQUIP) created goals to improve the quality of the city's early education and child care. Benchmarks were employed to measure targeted improvements, such as:

- By the year 2000, we will have developed a concise and comprehensive formula based on standards with which we may assess the quality of all child care centers in Boston.
- By the year 2000, 60 family child care providers, 25 percent of center-based early childhood education programs and 20 percent of school-age child care programs will be nationally accredited.
- By the year 2000, every Early Child Care classroom will have at least one teacher or care provider with a BA in Early Childhood Education.

The National Education Goals Panel also addresses this category with objectives and indicators:

Preschool Experiences Objective:

- All children will have access to high-quality and developmentally appropriate preschool programs that help prepare children for school.

Preschool Experiences Indicators:

- preschool participation;
- quality of preschool centers; and
- quality of home-based preschool settings.

Category 4: Systems Capacity

The fourth category focuses on how services are linked and function as a system. Examples of systems capacity include systems efficiency, systems infrastructure and systems accountability. Because states and communities are typically increasing and expanding services and creating ways for programs and services to function efficiently, many measures in this category focus on system-building results.

Oregon, for example, intends to:

- increase the number of identified child care slots per 100 children below age 13.

Georgia's indicators include:

- increasing affordable, accessible, quality child care, and
- increasing the percentage of low-income students in Head Start or Prekindergarten programs.

Ohio's capacity-building benchmarks are ambitious. For example:

- By June, 1998, all eligible 3 and 4-year-olds at or below 100 percent of poverty who can be identified and desire services, will have a space available in an early childhood education program.

Step 7. Decide how you will know if you have the right benchmarks or indicators

Although states and communities may select different principles and criteria to evaluate the appropriateness of their indicators and benchmarks, it is important to make these decisions carefully. Oregon, for example, looks at five key factors to assess the appropriateness of benchmarks. They must: 1) add to a community's ability to reach long-term goals; 2) add value to the community change process; 3) include opportunities for both public and private sector investment; 4) allow for strong community-based partnerships; and 5) contribute to the well being of children and families.

Step 8. Decide how you will tie progress and results to funding or incentives

Carrots often work better than sticks and many states and communities are targeting funding or grants to progress toward meeting benchmarks and indicators. This process not only promotes fiscal accountability, but also allows funders and communities to carefully target their investments to achieve desired results.

Step 9. Decide on the data you need and where you will get them

The data needed to assess whether goals are being met can be collected by and from a variety of sources. Data are typically collected by government at all levels: universities, public or private community planning organizations (such as United Way) and by quasi-governmental organizations such as enterprise zones and communities or housing authorities. A publication of the Council of Governor's Policy Advisors suggest the following data sources:

National Data Bases and Reports:
Census Data
Federal and Other Summary Reports
National Surveys

State Data Bases:
Agency Administrative Data Bases
Provider Billing and Reimbursement Systems
Vital Statistics
Health Status Data
Quality Control Samples

State Surveys:
Special State Census
Longitudinal Studies
Polls and Opinion Surveys[9]

It is often possible to create strategic, cost-effective ways to collect information about state and local needs and progress toward goals through collaboration. In Oregon and West Virginia, for example, early childhood system development leaders were able to get early childhood system-related questions added to existing biennial population surveys. Oregon Progress Board leaders suggest that states and communities also "piggyback" early childhood questions on health or employment surveys and other demographic data collection efforts because it is often less costly to add questions to existing surveys than to create new data collection efforts. An added benefit of such collaboration is that other data collectors begin to understand and "buy in" to the system reform efforts.

It is also not prudent to establish a process of assessing progress and results with a data collection and dissemination effort that is only conducted once. Rather, progress and results must be measured regularly, over time. Assessing progress and results every two years allows for system innovations to be adequately implemented before results are expected. At the same time, biennial assessments also occur soon enough to recognize when action strategies are not leading toward achieving goals and to change course if needed. It is, therefore, essential that states and communities plan for securing the resources needed to do this work over time.

Finally, it is crucial that the data used be valid and reliable. As such, they must represent a random group of the population. The questions asked must yield the information needed. The response rate must be high. The data must be entered properly, and the analyses must be conducted according to scientific standards.

Step 10. Decide how to provide financial and technical support to results-based evaluation efforts

Successful efforts to measure progress and results require the broad participation of many who may not understand what benchmarks or indicators are or how they can be used. In addition to securing the financial resources necessary for benchmark and indicator development, public awareness activities and ongoing data gathering, it is important for states and communities to carefully consider and plan for technical assistance that may be needed by state and community partners engaged in these efforts.

Step 11. Engage the public in establishing and assessing goals and measuring progress and results, and keep the public aware of results

The National Governors' Association defines benchmarking as an "inclusive communications strategy." The public communicates its priorities to government on the results to be achieved for the state through the collective action of all of the relevant stakeholders, including government. Government then reports back to the public on its success in achieving those results."[10]

In order to use benchmarks and indicators as part of a new way of doing business, the public at large, as well as community and state leaders need to know about them and to feel ownership of the process. There are a variety of ways to engage the public in the process of agreeing on a vision, goals, strategies, benchmarks, and indicators, including focus groups, in person or televised town meetings, surveys or public comment by post, by internet or by fax.

Communities and states can also publish and disseminate reports, conduct public speaking tours, write articles for the printed media, work with television and radio stations to present special features and use other communications strategies to inform the public and other stakeholders about the vision, goals and results. Increasingly, states, counties and communities are publishing data online, making this information accessible at schools, public libraries, cooperative extension service offices and other public access points.

It is also important to make benchmarks and indicators simple and clear and communicate about them in user-friendly ways. Kristin Moore, Executive Director of Child Trends, Inc. and her colleagues suggest: "...we cannot expect policymakers and the general public to spend much time mastering complex and non-intuitive measures of child well-being. Therefore, if

child indicators are to be part of a public discussion and policy debate, they must make sense to a lay audience."[11] Moore's ideas include presenting data graphically; using simple maps and charts with color; putting numbers on separate pages behind the graphics; and using measures that people recognize, such as percentages instead of ratios.

The Georgia Policy Council hosts a Benchmark Database Web Site for this purpose, "providing the facts about Georgia families and children so that communities can achieve better results." This web site includes tables, graphs, charts and maps that provide past and present data, along with background information on state goals that also links to other related web sites. It is accessible through County Cooperative Extension offices and is jointly sponsored by the Georgia Policy Council for Children and Families, Family Connection, the Children's Trust Fund of Georgia, Georgia Institute of Technology, Georgia State University and Emory University.

States and communities have increasingly heeded the research conducted by the Ad Council, which found that "crisis" statistics are not mobilizing Americans to action. Rather, crisis statistics often have the effect of distancing the public from solutions, allowing them to blame parents and others for community problems. The Ad Council found that the public responds positively, however, to good news such as progress toward goals. Yet many child and family statistics focus on crisis indicators, such as tracking infant mortality rather than measuring how many pregnant women receive prenatal care, which is a proven strategy for reducing infant mortality.

Step 12. Decide how and when you will revise your goals, benchmarks and indicators

It is essential that states and communities create a process that engages all stakeholders in revising goals, benchmarks and indicators on a regular basis. Experienced leaders counsel others to expect some benchmarks and indicators to become redundant and to expect to make mistakes. Oregon's original 269 benchmarks, developed in the 1980s, have now been reduced to 92, as Oregonians become more skillful and adept at fine-tuning the most valid benchmarks. The Minnesota Milestones and other local Minnesota benchmarking processes (focusing on family policy, early care and education, health care, community development and others) also produced an overabundance of often duplicative benchmarks. Minnesota recently used a grant from the Family Resource Coalition's STATES project to consolidate the benchmarks developed in two counties, creating one set of benchmarks that addresses common concerns.

Step 13. Decide how to create opportunities for state and community leaders to learn how other states and communities are doing

Seeing how your progress compares to others over time can help to maintain the momentum of system development efforts. Some states and communities have developed statewide or community-wide report cards to publicize progress toward goals, while others regularly publish county or community performance data.

Some existing surveys, such as *Child Care: How Does Your State Rate,* an annual assessment of states' child care performance conducted by Working Mother Magazine, or the National Center for Children in Poverty's "Map and Track," which documents state early childhood system reforms over time, also fulfill this function.

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Conclusion

Lisbeth Schorr and her colleagues note that results-or outcomes-based accountability is not a panacea:

An outcome orientation does not guarantee the design of an effective community service and support system. Especially because understanding of the precise connections between specific interventions and specific outcomes is limited at the present time, an outcomes orientation does not solve the problem of identifying needed and missing elements of a comprehensive approach to improving results. However, by informing and focusing the process, results-based budgeting does seem to support the development of a culture that is less rule-bound and more mission-driven.[12]

The states and communities that have turned to indicators and benchmarks to measure progress toward results are very enthusiastic. Assessing progress toward goals is a positive strategy that focuses citizens on the future, that directs action toward meeting common goals, that measures if and how well these goals are being accomplished and that holds leaders accountable for the outcomes of community mobilization initiatives. This process is essential to bringing about real change that translates into more promising beginnings for our nation's youngest citizens.

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Resources

Recent publications by The Families and Work Institute and the National Governors' Association provide additional information about benchmarks. For more in-depth discussion of benchmarks and community mobilization, readers would be well advised to consult the following publications:

Indicators of Family and Child Well Being (National Governors' Association, February 1998) contains model indicators for states and communities to adopt and adapt as they create and improve early childhood programs and services.

Community Mobilization: Strategies to Support Young Children and Their Families (Families and Work Institute, 1996)[13] defines how to measure progress and results, and profiles the use of benchmarks in Minnesota, Missouri, Oregon, Vermont and Pittsburgh. This publication also describes community mobilization efforts around the country, provides a framework for the community mobilization process, and includes a resource guide that lists national organizations that provide technical assistance to community and state groups.

Benchmarking Results for Children and Families (National Governors' Association, 1995)[14] summarizes the value of benchmarks and documents how they are being used as part of early childhood system building efforts in Iowa, New York, North Carolina, Oregon, Texas and Washington.

By the Bucket: Achieving Results for Young Children by Sharon Lynn Kagan of the Bush Center in Child Development and Social Policy at Yale University (National Governors' Association, 1996), suggests a useful framework for developing and assessing the effectiveness of comprehensive systems of early childhood programs and services.

In addition, the following state and local leaders are available to answer questions and/or to provide additional information about how their state or community is measuring progress and results:

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Georgia's Benchmarks for Children and Families*

Healthy Children

- Increase the percentage of babies born healthy (weighing 5.5 pounds or more, born to mothers who did not smoke or drink alcohol during pregnancy).
- Increase the percentage of children appropriately immunized by the age of two.
- Reduce the pregnancy rate among school-age girls.
- Reduce the percentage of children appropriately immunized by the age of two.
- Reduce the teenage homicide rate.
- Increase the percentage of youths who do not use alcohol, tobacco, or illegal drugs.

Children Ready For School

- Increase percentage of low-income students in Head Start or prekindergarten programs.
- Increase the percentage of kindergarten students who attended preschool or child care programs.
- Increase the percentage of students passing the Georgia Kindergarten Assessment Program.
- Reduce the percentage of students who are two or more years overage in the third grade.

Children Succeeding In School

- Reduce the percentage of students who are absent ten or more days from school annually.
- Increase the percentage of students performing above state standards on curriculum based tests at the fifth and eleventh grades.

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* Authors' note: Although Georgia uses the word benchmarks to describe their system development targets, they are really indicators according to the definitions used in this paper.

- Increase the percentage of students scoring above the national median on normed achievement tests at the eighth grade.
- Increase the percentage of students who graduate from high school on time.
- Increase parental involvement.

Strong Families

- Increase the percentage of stable new families (with the first birth to a mother who has completed high school and is age 20 or older, and with the father's name recorded on the birth certificate).
- Reduce the percentage of teenage mothers who have second or higher-order birth before the age of 20.
- Reduce the incidence of confirmed child abuse or neglect.
- Increase the percentage of children in foster care who are placed in a permanent home.
- Reduce the percentage of youths arrested.

Self-Sufficient Families

- Reduce the percentage of children living in poverty.
- Reduce the percentage of female-headed families living in poverty.
- Increase the percentage of welfare recipients leaving public assistance because of employment or higher incomes.
- Increase the rate of growth in employment.
- Reduce the unemployment rate.
- Increase affordable, accessible, quality child care.[15]

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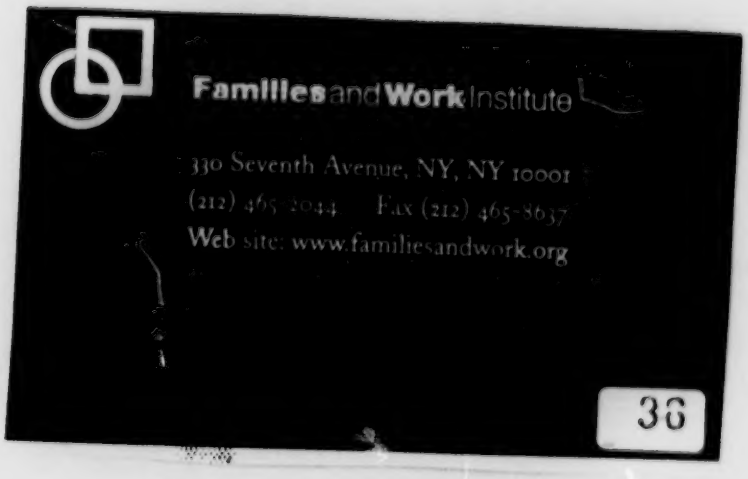
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